

Joel A. Smithers, D.O.

WV LIC: 2913 • VA LIC: 010220464

DEA: FS4850459 • NPI #: 1659639631

445 Commonwealth Blvd East

Martinsville, VA 24112

Phone: (844) 373-7883 • Fax: (844) 550-7109

Earliest fill date 7-28-16
Name Michelle Smith DOB 10.14.80

Address Dx. 689. 21. Date 2-26-16

Rx Opana ER (crush resist.) ☐ 1-24
30mg ☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over

1.9 COPY 2.0

Disp: \$60 (sixty) J. D.O.
 Refill NR 1 2 3 4 5 **D.O.**

This prescription may be filled with a generically equivalent drug product unless the words "Brand Medically Necessary" are written, in the practitioner's own handwriting, on this prescription form.

Prescription is void if more than one (1) prescription is written per blank

Script # 1487

MS2_001

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Earliest fill date: 7-28-16
 Name Michelle Smith DOB 10-14-80
 Address Dx. 689.21 Date 7-26-16

R

Oxycodone 10mg (IR)

- ☐ 1-24
☒ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over

7-1/2 tabs q 6-8 PRN

COPY

for severe break + high pain

1 sp #30 (thirty) J.D.O.

Refill NR 1 2 3 4 5

D.O.

This prescription may be filled with a generically equivalent drug product unless the words "Brand Medically Necessary" are written, in the practitioner's own handwriting, on this prescription form.

Prescription is void if more than one (1) prescription is written per blank

Script # 1488

MS2_002